

Use of management tools in the micropolitics of health work: an experience report

Uso de ferramentas de gestão na micropolítica do trabalho em saúde: um relato de experiência

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DOI: 10.1590/0103-11042019S613

ABSTRACT Over the years, the Ministry of Health has been implementing incentive policies to qualify the management, reviewing work processes and structuring health care networks, for the improvement of primary care assistance. The aim of this study was to present the report of the students of the Improvement Course in Management of Basic Health Units, Clinic Management and Care about the use of management tools in the micropolitics of health work. This is an experience report of the first edition of the aforementioned course in the state of Goiás and in the Federal District. The grouping of the contents presented in the 25 reflective narratives was performed according to the themes of the Learning Units and the tools practiced (Circular Process, the Descriptor Flowchart, Management of Materials and themes of the Network, Line of Care, Singular Therapeutic Project, Regulation and Health Planning). It was identified in the narratives that the most worked tools and that demonstrated potent results for the management processes of the Basic Health Units were the Circular process, followed by the Singular Therapeutic Project, and the Descriptor Flowchart. It was concluded that all the tools offered by the course are able to be put into practice, contributing to the work process and to the qualification of care.

KEYWORDS Health management. Health services. Primary Health Care.

RESUMO Ao longo dos anos, o Ministério da Saúde vem implementando políticas de incentivo para qualificar a gestão, revendo processos de trabalho e estruturando as redes de atenção à saúde, para a melhoria da assistência na atenção básica. O objetivo deste estudo foi apresentar relato dos alunos do Curso de Aperfeiçoamento em Gerência de Unidades Básicas de Saúde, Gestão da Clínica e do Cuidado sobre o uso das ferramentas de gestão, na micropolítica do trabalho em saúde. É um relato de experiência da primeira edição do referido curso no estado de Goiás e no Distrito Federal. Foi realizado o agrupamento dos conteúdos apresentados nas 25 narrativas reflexivas de acordo com os temas das Unidades de Aprendizagem e as ferramentas praticadas (Processo Circular, Fluxograma Descritor, Gestão de Materiais e temas da Rede, Linha de Cuidado, Projeto Terapêutico Singular, Regulação e Planejamento em Saúde). Identificou-se nas narrativas que as ferramentas mais trabalhadas e que demonstraram resultados potentes para os processos de gestão das Unidades Básicas de Saúde foram Processo Circular, seguido do Projeto Terapêutico Singular e Fluxograma Descritor. Concluiu-se que todas as ferramentas ofertadas pelo curso têm condição de serem colocadas em prática, contribuindo para o processo de trabalho e qualificação do cuidado.

PALAVRAS-CHAVE Gestão em saúde. Serviços de saúde. Atenção Primária à Saúde.

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Introduction

The health work process is permeated by different nuances, such as decision making, difficulties, conflicts, interests, unforeseen events and meetings, which carry the characteristics of the territory and the interpersonal relationships of professionals and users. The meetings permeate the relationship between user-worker, among teams, workers and management, in which all carry different knowledge, yearnings and experiences, however, with the common goal of obtaining qualified care.

Feuerwerker¹ describes the dynamics of micro-politics in health work and how professionals work and produce their daily health practices. For the author,

Health services, then, are an arena in which various actors, who produce themselves micropolitically and have intentionality in their actions, dispute the general meaning of work. They act by making a mixture, not always evident, between their private territories of action and the public process of work. Daily life, therefore, has multiple faces and is in permanent production¹⁽⁶⁷⁾.

There are many tools available that can be used to improve the work process and produce qualified health care. There are different tools that contribute to the analysis of the work process, providing managers with the identification of critical nodes in care production and favoring intervention planning for problem solving, as well as conflict mediation¹. These tools can be classified into: work process organizers (for example: shared management, descriptor flowchart and analytical maps) and mediators of conflicts between the team and between professionals and users (for example: brainstorming, and analysis matrix of conflicts)².

Efforts have been expended by the Ministry of Health over the years, which has been proposing incentive policies for professional qualification and management. In this sense, in 2016, the first edition of the Improvement

Course in Management of Basic Health Units, Clinical and Care Management, linked to the Fluminense Federal University (UFF), was made available. The course was conducted in cooperation with the Department of Primary Care of the Ministry of Health (DAB/MH) and offered to all Brazilian municipalities.

The purpose of this Course, in the semi-presential modality, was to support the training of managers of Basic Health Units (BHU), improving the work process of teams and contributing to the improvement of the quality of services in primary care supported by the micro-policy perspective. the predominance of light technologies and the strengthening of the organization of health networks³.

This course aimed to value the daily life of the basic unit manager and their challenges in conducting the service and providing care, in order to respond to the real health needs of the population³. Offered to several regions of the country, in which one of the contemplated regions was the Goiás/Federal District.

Thus, the objective of this study is to present the report of the students of the Improvement Course in Management of Basic Health Units, Clinical and Care Management, held in the state of Goiás and the Federal District, about the use of management tools, proposed in the course, in the micropolitics of health work.

Material and methods

The study is configured as an experience report based on the evaluation of the reflective narratives elaborated by the students of the first edition of the Improvement Course in Management of Basic Health Units, Clinical and Care Management, funded by the Ministry of Health, held in the state from Goiás and the Federal District, from November 2016 to May 2017.

This course was aimed at 25 top-level health professionals who worked in primary care, in the clinical management and health care function³.

Held in the semi-presential modality, it had a total workload of 180 hours, being 48 classroom hours, divided into three meetings over its duration (six months), and the other hours at a distance in the Virtual Learning Environment (VLE). The pedagogical proposal was the problematization, which leads the student to reflect on his work process

in order to establish strategies to improve the quality of care and care³.

Organized in three Units of Learning (UL), in each of them was worked a macro competence and offered different work tools⁴.

The UL with their corresponding macro competence and tools⁴ are listed in *chart 1*.

Chart 1. Macro competence of management and its tools

UL*	Macro competence	Objective	Tools
UL1	Work Management	Ability to promote spaces for dialogue and bonding with staff and users, defining agreements and rules, mediating conflicts and resolving issues relevant to the work process.	<ul style="list-style-type: none"> • Descriptor Flowchart • Circular Process
UL2	Inputs Management	Ability to take advantage of existing physical, technological and equipment resources at BHU, optimizing them to support the care processes and guidance of the team on the correct use of these resources.	<ul style="list-style-type: none"> • Inventory Control Worksheet
UL3	Healthcare Network Management	Ability to use mechanisms to build networks that favor care management considering the different actors and other health services	<ul style="list-style-type: none"> • Singular Therapeutic Project (PTS) • Reflective Narrative

*UL - Units of Learning.

The student's evaluation process consisted of participating in the virtual forums available in each UL, as well as submitting, in the VLE, the report of the application of the four tools in the work process (Flowchart Descriptor, Circular Process, Spreadsheet of Management of inputs and Singular Therapeutic Project) and reflective narrative. Thus, the tools, besides subsidizing the evaluation, were also proposed in the training process to enhance the manager's actions in the referred macro competences and in their daily work.

The reflexive narrative was constituted as the fifth and last evaluative activity, and the proposal was that it was elaborated individually, posted on the platform and socialized in the third face-to-face meeting. In the elaboration

of the narrative, each student should record the significant learning during the course, the experimentation of the tools or content offered, the decisions made, the possibilities or difficulties experienced and the possible changes that occurred at work after this walk in the formative process.

The intention was for each student to select and narrate about a tool or theme experienced, including the Circular Process, the Descriptor Flowchart, the Materials Management and the themes of the Network, Line of Care, Singular Therapeutic Project, Regulation and Health Planning. Therefore, this narrative was a free, individual and reflective report of each student, who discussed the professional career, choice of course, use of the platform

and the perception of the contents learned in their formation process in each UL or the experiments of the tools proposed and applied in their daily work.

Initially, to present the narrative, each student was asked to previously select three phrases described in the narrative that were significant in the teaching-learning process. In the face-to-face meeting, the students read the sentences, explaining what they represented for their experience, and the other students dialogued their perspective on them.

In order to produce this experience report, the contents presented in the 25 reflective narratives were grouped according to the UL themes and the tools used (Circular Process, Descriptor Flowchart, Materials Management and Network themes, Line of Care), Singular Therapeutic Project, Regulation and Health Planning).

The study was not submitted to the Ethics Committee because it was an experience report, and the identity of the participants was preserved. To ensure this privacy, each student was coded with the letter A, followed by a presentation order number in the text.

Results and discussion

The narratives presented made it possible to identify the power of the tools offered in the organization of work and, consequently, in the qualification of care.

In the narratives, the report on the Circular Process (CP) (66%) predominated, followed by the Singular Therapeutic Project (STP) (18%), Descriptor Flowchart (8%), Shared Management (SM) (4%) and Management of Materials (MM) (4%).

The CP, also called the Peacemaking Circle, is considered a tool for dialogue in group building. It originates in peoples of America and New Zealand and has been used in Restorative Justice, as it favors dialogue, promotes the autonomy of participants and the empowerment of the group.

There are various types of Peacemaking Circles, named according to purpose and motivation, such as circle for: evaluation, integration, support, and celebration⁵.

In the narratives, it was mentioned, for example, that the CP favors the empowerment of the team to organize the work process, horizontality, listening and contributes to the work and belonging to the group.

The power of this tool to empower the team and its ability to bring about change is verified in the following reports:

Celebration circles lead to team empowerment, generate horizontal relationships, improve group ownership, and are a powerful tool for dialogue. (A1).

The CP is an instrument that promotes listening and reflection for shared management and conflict mediation. The experience of performing the wheel awakened my qualified listening, which involves empathy with the co-worker. Another gain with this instrument was the reflection that if we want to promote change, it is up to the manager to have the sensitivity to listen and empower their employees to act in the change process. (A2).

The possibility of expression of all was manifested in the reports by the students:

The experience was very effective for the participation of shy people, allowed the expression of all, generated inclusion and enabled those who used to dominate the collective spaces, learn to listen and respect other opinions. (A3).

The CP is a tool used to organize a meeting whether conflicting or not, it can be used at various times in the work process, counseling, welcoming the user etc. It was a unique experience. This process has improved my listening, even speaking and practicing my functions more safely. (A4).

The feeling of belonging to the group through the CP was observed, as follows:

[...]. Everyone participated and felt they belonged to the team, as they could give their opinion. In the end there was a moment of team integration and interaction. It was a productive moment for all professionals, as up to the present moment I had not participated in such an experience in the workplace. Everyone felt important in contributing to the smooth running of the unit. All reported that the process strengthens ties with the team and respect for their individuality. (A4).

The CP allowed dialogue on conflicting issues, and the result was very rich and potent. This allowed mediating the interpersonal relationship and enhanced the team meeting. It was also mentioned that this tool favors coexistence with different opinions, favors listening and promotes the emergence of new ideas. In addition, it is important in participatory planning, in identifying proposed solutions to problems. This record exemplifies this condition:

It is understood that this tool can guide and facilitate the planning of work processes in service management and encourage participatory management in the Basic Health Unit. (A5).

The experimentation of CP also enabled the team to think about the situation discussed and was extremely important for conflict resolution, with positive and uncomplicated results. Its impact on work can be evidenced in the following report:

We use the Circular Process tool in all team meetings to calm down possible contentions or disagreements and resolve conflicts or problems, to discuss collective responsibility, among others. (A6).

Still about the use of the tool in management and life practice: *“the circular process brings the manager closer to the server and teaches us to listen and respect. I will keep the circular process for life”.* (A7).

In another report, it was found that:

The use of the tool – circular process – kept the managers much closer, organized the meetings and encouraged us to implement it in the service routine, bringing a positive impact. (A6).

The possibility of incorporating the CP in the day-to-day management work was also mentioned in the following report:

The proposal for the future is to keep this tool [CP] in the main team meetings. I suggest the use of this tool by all managers due to its ability to adapt to different groups and its beneficial effect on the organization of the service provided. (A8).

Given all the reports about the CP, it can be observed that the conflicts had a positive aspect, since it was managed as an opportunity for dialogue, learning and restoration of relations between the group⁴.

The second most cited tool, the STP allowed, according to the students, the inclusion of the family and the user in the care process. It is an instrument of care qualification, providing the involvement of all staff, as well as the responsibility of the user.

One of the statements about the STP reports the feeling of belonging, humanization in care and the qualification of care:

Performing teamwork adds knowledge exchange and promotes more qualified and assertive care. Performing STP with the team aroused in me, as a professional, the feeling of belonging, cooperativity, empowerment in decision making. Interdisciplinary work brings a perspective of a more humanized and holistic care. (A2).

It was also mentioned that the STP is important and organizes the service, besides contributing to the multidisciplinary team to know the case; and it was clear the role of each professional within the process. However, reports that unfortunately the STP happens only in more complex cases, because doing so requires the willingness

and time of the team and sometimes this movement is not possible.

STP is used for analysis and planning of actions in more complex situations, and can be used for discussion and accountability for actions². Thus, it is considered a tool to trigger processes of change in health practices, it is a person-centered approach and is built collectively^{6,7}. The construction of the STP can be divided into the following moments: diagnosis, goal setting, division of responsibilities and reevaluation⁷.

Then, in the reports, appears the Descriptor Flowchart, which was cited as a work process organizer focusing on the user.

The Descriptor Flowchart consists of the graphical representation of the work process, in order to describe the user's therapeutic itinerary for access to care according to flows established by health services⁸. In it, we understand all the stages of the work process, how they are organized and make it possible to identify the critical nodes, that is, what needs to be improved or resolved in the organization of care practices. Thus, the flowchart allows detecting the problems that users face to achieve access to health⁸.

One of the experiments mentioned was on the flow chart for reception. It was mentioned that it allowed the worker to put himself in the user's place, contributed to visualize the user's attendance flow and identify the critical nodes to be analyzed by the team, constituting an important tool for the planning of actions. It has been reported that:

[...] performing the descriptor flowchart confection brought a closer knowledge of reality. I realize that many work processes are performed without discussing the real 'we'. What he added to me was, through shared management, to point out the problems and, together with the team, to look for ways that are viable within the reality and attributions of everyone on the team. (A2).

The power of the Descriptor Flowchart in the organization of services is identified in the following reflection:

I tested all the tools studied, some had more impact on BHU services, such as the Descriptor Flowchart, because I had just taken over the management and allowed me to know the reality of the services offered and having this information could intervene and propose improvements in the work process. . It allowed for collective reflection by teams and changing flows to improve people's access to services. (A9).

The exciting report of one of the students brings the importance of the course for their professional performance and the tools experienced.

I want to record here two moments that were paramount to my professional training regarding the course. I grew up a lot as a manager and could take theory to practice. First, making the Descriptor Flowchart was a challenge for both me and the team, as I knew the tool but had not put it into practice. With it we experience the reality of our user, their difficulty in the path within the unit, visualize these difficulties, that is, the critical nodes and try to somehow solve them... I believe that with this tool our work process will flow better, will be organized and avoid future complaints by the user, promoting with this quality service in all aspects. (A4).

The discussion of flowcharts made it possible to change the behavior and routines existing in the unit to better serve the user and seek solution for critical nodes, increase the resolution and effectiveness of the service provided.

A narrative on input management was also presented. In it, it was mentioned that this conceptual offer contributed to the organization of the environment in a satisfactory way.

In the GC narrative, it was mentioned that it contributed to the role of team coordination, planning and shared decision making.

It is important to highlight that Nonviolent Communication (NCV) was also presented as an important tool for the

manager's daily life, and was mentioned by a student who, after theoretical learning, has used NCV at work.

Studying Nonviolent Communication (NCV) has made me understand what they are and what they are. Upon becoming aware of the content, I realized that I was already applying it on a day to day basis of the unit, but without actually knowing about such approaches. Especially empathetic listening, which should be more common, at least in my daily service. Often professionals come to you to share situations he needs to solve. (A3).

NCV is a tool that favors listening, provokes respect and empathy, in addition, the desire to help others. Thus, NCV is an approach that helps bring us closer to each other, enabling the feeling of compassion to happen⁹.

There are different situations in which NCV is used, such as interactions with oneself, another or the team⁷. Therefore, this approach can be used in situations such as close relationships, families, schools, organizations and institutions, therapy and counseling, diplomatic and business negotiation, or disputes and conflicts of all kinds⁹.

In practice, it appears that NCV is used to respond compassionately to oneself, or to strengthen personal relationships, or to generate effective relationships at work or in politics. However, this communication is often used to mediate conflicts and disputes⁷. In the report presented by the student about NCV, it was observed that it was used to mediate conflicts and establish more effective relationships in the workplace.

In general, the students considered that the tools offered by the course were rich and easy to implement, *"the course materialized what was heard"* (A10). According to them, the tools presented were very simple, but just being applied, they made a big difference in the daily life of the professionals involved and, consequently, in the improvement of the work environment and the quality of the service provided.

Final considerations

In the analysis of reflexive narratives, it was observed that all the tools offered in the Improvement Course in Management of Basic Health Units, Clinical and Care Management are able to be put into practice and contribute to the work process and qualification of care.

The elaboration of the reflexive narrative was, for most students, an easy process to produce and that allowed to reflect on the application of the tools, the potentialities and the challenges in the use of the tools. In addition, it allowed identifying the impact of the training process provoked on work and on the qualification of care. However, for some students, reflecting and writing the experience in narrative form was a challenging process, as the exercise of describing their perception of work processes is a rarely performed practice.

In the reflective narratives of the students of the course, reports on the CP predominated, followed by the STP and the Descriptor Flowchart as the tools with powerful results presentation. The CP was highlighted as a powerful instrument, essential for dialogue on conflicting issues, as it organizes and favors the participation and expression of opinions of all involved. This tool was the most cited in the students' narratives.

The STP was also mentioned as an instrument that promotes the inclusion of those involved in a care plan from the user to the multiprofessional team.

The Descriptor Flowchart was one of the less cited tools by students, but not less important, as it allows user focus and flow organization and better understanding of them within the health service.

In general, it was concluded that the tools presented in the course constitute important elements in management practice for problem identification, action planning, service quality, material resource saving and, consequently, for

the satisfaction of workers, users and managers. Moreover, the offer and participation of managers in training courses enable the formation of more qualified professionals, which is reflected in more harmonious, integrated work environments and more organized and qualified services.

Collaborators

The authors also contributed: França MASA (0000-0002-5427-1450)*, Spirandelli ACMA (0000-0001-9582-4819)* and Verde MCCLV (0000-0002-9792-3287)*. ■

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Received on 02/19/2019

Approved on 11/14/2019

Conflict of interests: non-existent

Financial support: non-existent